

Office of the Chief Information Officer



May 2, 2007

Dr. Karen Rheuban
University of Virginia Health System
Office of Telemedicine

Dear Dr. Rheuban:

As a member of the senior leadership of the University of Virginia Medical Center, I offer our focus and support for the proposal you are submitting in response to the FCC Pilot for the Rural Healthcare Support Mechanism. The University of Virginia Health System's Office of Telemedicine, under your medical directorship, already has a successful track record of serving rural health initiatives in Virginia that has been recognized by the Commonwealth of Virginia's Secretaries of Technology and of Health and Human Services. Your accomplishments in delivering care via the efficient use of technology (telemedicine) to our rural citizens of Virginia substantiates the likelihood of success that can be achieved with the plan set forth in your proposal.

This plan for reducing the morbidity and mortality of stroke in Virginia relies on the FCC award that will allow for utilization of an enhanced connectivity via the Multi Protocol Label Switching network in the most underserved regions where limited bandwidth has been deployed. The partnerships have been established that are necessary to succeed inclusive of Virginia Department of Health, the Virginia Technology Network, Virginia Polytechnic and State University, Virginia Commonwealth University, the Tobacco Commission and the Virginia Department of Housing and Community. The plan your proposal sets forth, with the full support of the Commonwealth, to ultimately transition all the Commonwealth's health providers to this network enabling delivery of clinical services, educational offerings and facilitation of future interoperable health information exchanges gives the perfect nexus of technology and direct care.

Sincerely,

Chief Information Officer
University of Virginia Health System

P.O. Box 887000 • Charlottesville, VA 22908-8700

APR-30-2007 11:22

Medical Staff Services

4347993822

P.02

**Danville Regional**
MEDICAL CENTER

April 29, 2007

Karen S. Rheuban, MD
Professor of Pediatrics, Senior Associate Dean for CME
Medical Director, Office of Telemedicine
PO Box 800711
UVA Health System
Charlottesville, VA 22908

Dear Dr. Rheuban,

I am writing to support the application of the University of Virginia Office of Telemedicine for pilot grant funding for the Rural Healthcare Support Mechanism. The Danville Regional Medical Center supports your efforts to enhance the deployment of broadband in the service of healthcare for Virginia citizens. Our medical center has long played a significant role in ameliorating the significant co-morbidities of stroke, hypertension, diabetes and obesity, and we welcome the opportunities that deeply discounted broadband services can contribute to further advance that effort.

In the Commonwealth, we have made great strides to bring specialty care services to our rural and urban citizens but there is so much more we can do. An expansion of the broadband footprint in regions of Virginia with limited connectivity and in parallel, increasing access to clinical and health related educational services across that infrastructure is crucial to these efforts.

Adding this proposed stroke intervention, prevention and education network in a partnership between Virginia's academic health centers and community hospitals will propel us towards attainment of our health related goals. The Danville Regional Medical Center supports this initiative.

Sincerely,

Michael A. Moore, MD, FACP, FAHA
Chief Medical Officer

10/01/07 15:20 FAX 434474813

CENTRA HEALTH HIS

ama

Centra Health

1920 Ashburn Road
Leesburg, VA 24401-1104
(802) 947-4700

May 1, 2007

Karen S. Rasmussen MD
Senior Associate Dean for CME and External Affairs
Medical Director of Telemedicine
University of Virginia Health System
PO Box 800707
Charlottesville, VA 22908

Dear Karen:

My name is Judy Hobbs and I am the Enterprise Architect for Centra Health. I am contacting you regarding the PCC Pilot Program. We (Centra Health) are very much interested in participating in the pilot. The funding for this pilot falls in line with Centra Health's current strategic initiatives. We work with AT&T on local T1s and the Med-Adaptive Broadband Connection (MBC) to provide high-speed bandwidth to our regional facilities connecting to our HIS systems, Cardiology and Radiology PACS systems.

Please let me know how we should proceed to become a participating member of the pilot. I can be reached by email at judy.hobbs@centrahealth.com or phone 434-947-4816. Thank you for considering Centra Health.

Sincerely,
Judy Hobbs
Judy Hobbs (Judy) Hobbs

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VCU**Medical Center**

In the tradition of the Medical College of Virginia

MCV Campus**Department of Surgery
Medical Informatics
and Technology Applications
Consortium**Sanger Hall, Room 6-015
1121 East Main Street
P.O. Box 980400
Richmond, Virginia 23298-0400804-627-1000
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www.vcuhealth.org

May 3, 2007

To Whom It May Concern:

It is my pleasure to participate in the development and application of this proposal to the FCC. As a Chief Scientific Officer at Department of Surgery, Virginia Commonwealth University, my research is dedicated to telemedicine and medical informatics. I'm excited by Virginia Telehealth Network's approach to expand hardware and software capabilities to the field of telemedicine for rural health care. Enhancements to communication protocols, a natural output of this research, will be of benefit to both rural patients and clinicians.

My efforts to advance telemedicine include disaster relief use of telemedicine, use of Internet for intraoperative consultation and early work on teleanesthesia. As an editor of the International Journal of Telemedicine and Applications, I know firsthand the improvements and limitations of the state of the art of rural health care. The requirement for high bandwidth presents one of the crucial barriers to fielding telemedicine systems for management of chronic diseases such as stroke. The need for streaming video, audio, and diagnostic image data such as CT scans is required for optimal teleconsultation. But bandwidth must be effective for teleconsult systems to be effective. These compelling needs present a challenge worthy of intense research.

I have great interest in application of monitoring a persons and motor skills in their home, reliably, and cost-effectively such that there is an improvement in the ability of the medical community to support the health of the aging population. I will participate to the stated commitment in the grant as a Co-Investigator. Thus lend my expertise in areas of device development for remote patient monitoring and communication network architecture management relative to informatics as deemed necessary to bring this project to success. Those of us who have worked in telemedicine arenas over the years know the tremendous asset there is for such technologies to more efficiently manage patients from outside the immediate bounds of healthcare facilities.

Sincerely,



Azhar Rathi, MD MBA

Associate Professor,
Department of Surgery



THE MEDICAL SOCIETY OF VIRGINIA

Representing Virginia Physicians and Patients Since 1830

April 23, 2007

Karen S. Rheuban MD
Senior Associate Dean for CME and External Affairs
Medical Director of Telemedicine
University of Virginia Health System
PO Box 800707
Charlottesville, VA 22908

Dear Dr. Rheuban:

The Medical Society of Virginia would like to express its support for The University of Virginia Office of Telemedicine's' proposal to the Federal Communications Commission (FCC) for pilot funds from the Universal Service Fund for Rural Health Care Providers. These funds will help to deploy a greater broadband infrastructure to improve the health of the patients we serve.

We are pleased to learn that as a result of this effort, we can expect:

1. Increased access to stroke prevention and treatment programs.
2. Increased access to diabetes care and prevention and treatment of hypertension.
3. Increased deployment of broadband in rural communities to foster collaborative care
4. Improved connectivity for EMRs and health information exchange across the spectrum of health care providers and services.

The healthcare needs of rural Virginians are well documented, and that funds are awarded so that rural communities are provided direct and immediate access to the medical expertise and education. We applaud the physicians and staff who are devoting their skills and time to this very important program. MSV would like to express its endorsement to secure these funds for their efforts.

Sincerely,

Craig L. Henkle, MD
President



Karen S. Rhyben M.D.
Senior Associate Dean for CME and External Affairs
Medical Director, Office of Telemedicine
University of Virginia
Charlottesville, VIRGINIA 22902

April 30, 2007

Dear Dr. Rhyben,

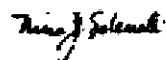
It is with great enthusiasm that on behalf of the Virginia Stroke Systems of Care (Va SSC) team, we write today in support of the proposal entitled "Virginia Acute Stroke Telehealth (VAST)" being considered for funding through the Federal Communication Commission's Rural Health Pilot Program.

As you know, the Virginia Stroke Systems of Care Task Force was initiated through the efforts of the American Stroke Association (Mid-Atlantic division) in partnership with the Virginia Department of Health Heart Disease and Stroke Prevention Project. Over the course of a year, this group of 20 stroke experts developed an insightful comprehensive statewide workplan to address disparities in the current system of stroke care. This plan emphasizes the unique regional needs particular to the southwest, central and the eastern shore regions. The plan includes advancing telehealth services to these underserved regions within each component of stroke care. In particular, telehealth services would be vital to ensure that the rural underserved regions of Virginia receive the same quality and access to care as the other regions in the state.

The current proposal is unique from the standpoint that it reaches nearly every component of the stroke continuum of care. This integrated approach ensures that each part of the health care system can advance smoothly and efficiently. Educating health care staff and

patients about the risks, and signs and symptoms of stroke is only valuable if the system can provide the next step, which is timely, quality care. From this standpoint the present proposal affords great benefit to the citizens of Virginia.

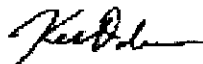
We highly endorse this proposal and look forward to continuing to work with you to accomplish this important project.



Nina J. Solenski, M. D.
Team Leader, Virginia Stroke Systems of Care



Fran Darlington
Virginia Department of Health
Manager, Heart Disease and Stroke Prevention Project



Kellie Delamar
State Health Alliances Director, American Heart Association/American Stroke Association

Enclosures: List of Virginia Stroke Systems of Care representatives

Many key alliances and partners provided representation for the Virginia Stroke Systems of Care team including:

Bon Secours Richmond Health System & Stroke Systems Consulting	Stroke Survivor
Carilion New River Valley Medical Center Department of Physical Medicine & Rehabilitation	University of Virginia, Radiology Department
Centra Health, Inc., Lynchburg General Hospital	University of Virginia Health System, Dept of Adult Acute Care & Neuroscience Programs
Central Virginia Emergency Associates	University of Virginia Stroke Center, Department of Neurology
Central Virginia Health Services, Inc.	Virginia Commonwealth University School of Medicine, Department of Family Medicine Practice, Practice-based Research Network (ACORN)
CFW, Johnston-Willia Campus (HCA)	Virginia Department of Health, Office of Emergency Medical Services
Commonwealth Neuro Specialists, PC	Virginia Department of Health, Heart Disease and Stroke Prevention Project
INOVA Health System, Department of Community Health	Virginia Hospital and Healthcare Association
INOVA Rehabilitation Center, Mount Vernon Hospital	Virginia Organization of Health Care Social Workers (VOHCSW)
Montgomery Regional Hospital	Virginia Primary Care Association
Virginia Department of Health, Office of Emergency Medical Services Medical Direction Committee	Virginia Rural Health Association

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PAGE 02/03



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DEPTAL CENTERS

Regulator Community

Health Center

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Frederick Community

Health Center

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Chenoweth Community

Health Center

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Frederick Community

Health Center

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Frederick Community

Health Center

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May 1, 2007

Karen S. Rheuban MD
Senior Associate Dean for CME and External Affairs
Medical Director of Telemedicine
University of Virginia Health System
PO Box 800707
Charlottesville, VA 22908
By Fax: 434-982-3635

Dear Dr. Rheuban:

I am writing in support of your application for FCC funding for infrastructure to establish a telehealth network directed to improving prevention and treatment of stroke and its contributing conditions, including hypertension, diabetes and cardiovascular disease.

Our practice, a Federally Qualified Community Health Center (FQHC), serves approximately 24000 patients, or 42% of the total population of the Eastern Shore of Virginia, comprising Accomack and Northampton Counties. We serve as the safety net provider for the underserved and underinsured populations in this rural area, and the provider of ambulatory primary and preventive care to a substantial number of migrant agricultural workers, as well as the primary care provider of choice to a significant number of the insured patients in the area.

Through our performance improvement and community needs assessment activities, we have recognized that, despite the hard work and good intentions of our physicians and midlevel providers, treatment of the precursors of stroke in our community is not achieving optimal goals. Furthermore, once stroke happens, in this isolated rural community with limited neurological and radiology consulting resources, treatment may not be sufficiently timely to limit neurological damage.

Access to neurological consulting, image exchange and radiology consultation through telehealth will be immensely helpful in dealing with established stroke. However, the major benefit to primary and preventive care will accrue through the network's support of health information technology networks, both for timely exchange of individual patient information among providers, as well as data aggregation for performance improvement purposes. As such, this program will dovetail extremely well with plans underway by the Virginia Primary Care Association and the Community Care Network of Virginia to develop an integrated system of electronic health records among the 22 Community Health Center Members



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Quality Improvement

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 757-684-3878
 Fax 757-684-3872

Regina Community Health Center
 2224 Sandy Spring Rd.
 Post Office Box 500
 Chatham, VA 22026
 757-331-1806
 Fax 757-331-1129

Chesapeake Island Community Health Center
 4629 Main Street
 Chesapeake Island, VA 23034
 757-536-3602
 Fax 757-536-3705

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 9029 Frederick Rd.
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 Frederick, VA 22034
 757-442-4879
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Galley Community Health Center
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 Chesapeake, VA 23047
 757-587-7574
 Fax 757-587-6513

DENTAL CENTERS

Regina Community Health Center
 757-331-1806

Frederick Community Health Center
 757-442-4879

Chesapeake Community School Dental
 757-536-3777

Alexandria Community School Dental

across the Commonwealth. This system will feed into a central data center, whose purpose is to support implementation of evidence based clinical guidelines among the members, and hopefully, to extend them to the private practices in our communities. Access to the proposed high speed data network will greatly facilitate implementation of this system.

Thank you for the opportunity to comment on this RFP, which I support most enthusiastically.

Sincerely,

Parker C. Dooley, MD
 Medical Director





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April 23, 2007

Karen S. Rheuban, M.D.
Senior Associate Dean for CME and External Affairs
Medical Director of Telemedicine
University of Virginia Health System
PO Box 800707
Charlottesville, VA 22908-0707

Dear Dr. Rheuban:

We are writing to express our support for a University of Virginia Office of Telemedicine proposal to the Federal Communications Commission (FCC) that promises to facilitate enhanced access to healthcare services, especially for rural Virginians. The proposal responds to the FCC's recent Report and Order to encourage greater utilization of the Universal Service Fund for Rural Health Care Providers.

This two-year pilot program will help medical facilities in rural communities gain access to high speed voice, video and data connectivity, enabling rural communities to have direct and immediate access to the medical expertise and education available within any of the Commonwealth's participating medical centers.

The past successes of the University of Virginia Office of Telemedicine in developing, coordinating and implementing successful telehealth/telemedicine demonstrates its qualifications to carry out the activities that will be funded by this award.

When coupled with funds that you are seeking from other sources to support the implementation of the clinical component of the proposal, this proposal will allow the Commonwealth to expand and strengthen the infrastructure across which healthcare services are provided.

We also support your decision to focus the project on the reduction in the disparities related to stroke and its co-morbidities of hypertension, diabetes and heart disease; this goal is very much aligned with the needs of the Commonwealth as articulated by health status indicators and the Healthy Virginians Initiative. Virginians will benefit from the steps taken to reach this goal, including greater access to education and prevention programs and specialty care where it is not locally available and improved acute stroke diagnosis and therapy achieved by connecting the Commonwealth's primary stroke centers, academic medical centers, community hospitals and community health centers. This project also can create an environment and infrastructure through which the exchange of medical information within health care systems and across systems in regional health information organizations will be facilitated.



Karen S. Rheuban, M.D.
April 23, 2007
Page 2

We thank you for this opportunity to express our support for your proposal and offer our assistance in this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Laurens Santoris".

Laurens Santoris
President



April 30, 2007

Karen S. Rheuban MD
Senior Associate Dean for CME and External Affairs
Medical Director of Telemedicine
University of Virginia Health System
PO Box 800707
Charlottesville, VA 22908

RE: FCC Rural Healthcare Pilot Program

Dear Dr. Rheuban,

On behalf of Community Care Network of Virginia (CCNV), I am pleased to write this letter in support of the University of Virginia's application to the Federal Communications Commission in response to its recent Report and Order to encourage greater utilization of the Universal Service Fund for Rural Health Care Providers.

Community Care Network of Virginia is the statewide network owned and governed by all 23 of Virginia's Federally Qualified Health Centers operating in more than 70 office locations throughout the Commonwealth. It is my understanding that several of our health centers have been identified for participation in this initiative. These Health Centers include Blue Ridge Medical Center, Boydton Community Health at its Halifax Family Health Center, Johnson Health Center, Piedmont Access to Health Services at its Community Health Center of Danville, Southwest Virginia Community Health Systems at its Saltville, Troutdale and Bristol sites, Stone Mountain Health Services at its Haysi and Appalachia Family Health Center, and Eastern Shore Rural Health Services at its Atlantic, Bayview and Onley sites.

Community Care Network of Virginia was established in 1996 to support the Health Centers' mission of increasing access to health care for the uninsured and underinsured of Virginia. CCNV provides and operates several programs for its Health Centers including information technology (electronic health records adoption), data warehousing and reporting, network wide performance improvement, third party contracting, credentialing, medical and dental billing and compliance.

We believe that the University of Virginia's application for funding under this Pilot Program will strengthen the ability of our providers to improve patient outcomes and quality of care by assisting in providing telehealth access to high-speed voice, video and data connectivity. This will further enable our providers practicing in rural communities to have direct and immediate access to the medical expertise and education that resides within any of the Commonwealth's participating medical centers. In addition, this

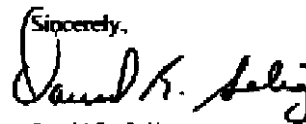
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Karen S. Rheuban MD
Telemedicine Support Letter
April 30, 2007
Page 2

initiative complements Community Care Network of Virginia's strategic vision for improving technology within our safety net provider organizations throughout the Commonwealth.

I am pleased to offer our support of this very worthwhile initiative.

Sincerely,


David R. Selig
Chief Executive Officer

CC: H. Chapman
C. Dill
M. Perdue
N. Stern
J. Saiczek
K. Crane
P. Whitehead
F. Darlington
file

LT - Dr. Rheuban -- Page 2

It is very encouraging that this proposal is designed to offer greater access to education and prevention programs, and specialty care where not locally available. The plan to connect healthcare centers and healthcare providers in order for patients in rural areas to have access to telehealth services will add great value to rural Virginia. The exchange of medical information within health care systems and across systems again mirror the Center and Council's vision for more affordable, more easily accessible healthcare services to rural citizens across the Commonwealth.

Thank you for allowing the Center for Rural Virginia and the Council for Rural Virginia to place our vote of confidence in your proposal. Our motto: "Partners collaborating to leverage resources and find solutions for the Revitalization of Rural Virginia", tells where the organizations allegiance lies. We wholeheartedly offer our support of the proposal and express our appreciation in advance for the services provided to Virginia's rural areas once funding is secured.

Please do not hesitate to contact me with any questions or concerns, or if you need further information about the Center and Council.

Respectfully,



Glen C. Sink
Executive Director, Center for Rural Virginia

Cc:

The Honorable Frank M. Ruff, Jr.
The Honorable Emmett W. Hanger, Jr.
The Honorable Allen W. Dudley
The Honorable Joseph P. Johnson, Jr.
The Honorable R. Steven Landes
The Honorable David A. Nutter
Joe Newbill, Chair - Council for Rural Virginia
Karen Jackson, Director, CTT Broadband
Cynthia Barrigan, RN, MPH, Consultant, Virginia Department of Health



2285 Kell Drive • Blacksburg • Virginia • 24060
Phone: (540) 231-0808 Fax: (540) 231-0330



April 25, 2007

Karen S. Rheuben MD
Senior Associate Dean for CME and External Affairs
Medical Director of Telemedicine
University of Virginia Health System
PO Box 800707
Charlottesville, VA 22908

Dr. Rheuben,

On behalf of the Virginia Rural Health Resource Center (VRHRC), I am writing in support of the University of Virginia Office of Telemedicine and its multi-agency application for the FCC Pilot Project funding.

VRHRC provides collaborates with various public and private organizations to identify and address rural health issues in the Commonwealth, thus ensuring access to quality health care for all rural Virginians. We are therefore very aware of the many barriers to receiving quality healthcare in rural areas, including geographic isolation, lack of providers, and poor insurance coverage.

Through our affiliation with the National Rural Health Association, we have seen the amazing possibilities for telehealth in rural areas. My understanding is that the goal of pilot project will be to reduce the disparities related to lifestyle diseases through greater access to education, prevention and specialty care. However once the infrastructure and positive environment are established, the opportunities are nearly boundless. Many services once thought to be limited to those who were able to drive to a city - including surgery, home care, mental health and more - are now accessible even in remote areas.

Again, I am pleased to offer the support of VRHRC to this innovative project.

Sincerely,

Beth O'Connor, M. Ed.
Executive Director
VRHRC
540-231-7823
boconnor@vcom.vt.edu



April 25, 2007

Karen S. Rheuban MD
Senior Associate Dean for CME and External Affairs
Medical Director of Telemedicine
University of Virginia Health System
P. O. Box 800707
Charlottesville VA 22908

Dear Dr. Rheuban:

I am writing on behalf of the board of directors and members of CareSpark, the regional health information organization for seventeen counties of northeast Tennessee and southwest Virginia. We would like to express our strong support and endorsement of your efforts to expand your current telemedicine network to rural health providers, whose involvement is critical to success in our efforts to reduce the significant health disparities that we experience in our region.

As we have worked over the past three years to improve the health status of our region through the collaborative use of health information, our awareness and concern for the high rates of hypertension and stroke in our region have grown. For this reason, we have ranked efforts to reduce incidence of and mortality from stroke to be one of our top five priorities for the next three years. Through the electronic health information exchange that we are currently building, we plan to enable the collection and analysis of health data for the purpose of public health improvement and individual patient care. Thanks to strong support from local, state and national partners for our project, we anticipate the connectivity of our initial providers (hospitals and physician practices serving nearly 600,000 patients in our region) in summer 2007, including Wellmont Health Systems, Mountain States Health Alliance, Holston Medical Group and Johnston Memorial Hospital, with additional providers to be added in 2008 and 2009. Their commitment to collaboration and quality improvement through coordination of care and adoption of clinical best practices has guided our efforts and will assure positive outcomes for both health and cost-efficiency.

We welcome the opportunity to work in partnership with University of Virginia and the Commonwealth of Virginia, along other participants in the statewide stroke initiative. We applaud your leadership in this effort, which promises to bring more adequate resources for treatment and prevention of stroke among rural patients and communities served through our organizations. We pledge our support and participation in this initiative and look forward to many positive results from our work together.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Jo Jenkins".
Lisa Jo Jenkins
Executive Director

working together for better health

APPENDIX D – BIBLIOGRAPHY

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APPENDIX E – VIRGINIA STROKE TASK FORCE**Virginia Stroke System of Care
Core Team Members****Brief Biosketch:****1) University of Virginia Stroke Center Nina J. Solenski, M.D.**

Dr. Solenski is a dual Boarded Stroke Neurologist (General and Vascular Neurology), on staff in the Department of Neurology at University of Virginia. She completed a 3-year clinical and research Cerebrovascular Fellowship training in 1996, and has been a member of the UVA Primary Stroke Center Team since that time. She is currently an Associate Professor in the Department of Neurology with interests in Stroke Clinical Trials (participated, designed or directed > 25 clinical trials to date) and translational research. Stroke research interests include testing and the development of neuroprotective treatment strategies following stroke including drug development, and understanding the neurochemistry of stroke. As an Attending educator she is involved in nursing, resident, and fellow stroke training, as well as peer stroke-related teaching activities (international, national and statewide).

In 2005 to present, she served as the Leader of the Va Stroke Systems of Care Task Force and has actively led the development of the statewide program since its initiation. Having worked closely with the program she will bring expertise to the regional challenges to health equality that the state faces. She will provide stroke neurological expertise to the Va Stroke Telehealth by providing guidance to the selected sites as they develop their institutional programs. Quality assurance and outcome is a central theme of the stroke continuum of care, and she will ensure that national stroke guidelines are followed, and the Telehealth services are fully utilized and the outcome is analyzed.

2) Virginia Department of Health Fran Darlington, BS, RN

Fran Darlington is a registered nurse who completed a BS degree with a concentration in health care administration in May 2004 and entered the Masters of Public Health program at VCU, Richmond, Va in the fall of 2005. She has more than 25 years experience, including: direct patient care in the hospital setting; leadership and administration; human resources management; contracting and budgeting; grant writing and management; program planning, implementation, evaluation and management; programming for chronic disease prevention and control; quality assurance and improvement; data management and public health. She serves as Project Manager for the Virginia Department of Health Heart Disease and Stroke Prevention Project, overseeing a \$1,200,000 grant from the Centers for Disease Control to support secondary cardiovascular disease prevention efforts for the Commonwealth of Virginia. Her project is the primary implementing partner for the Virginia Stroke systems Initiative.

3) American Heart Association/American Stroke Association Keltcie Delamar

Keltcie Delamar is the Director of State Health Alliances for the American Heart Association/American Stroke Association, representing the state of Virginia with 30 years of experience in program design and implementation. Her background includes extensive work in developing outcomes-driven collaborations and leveraging professional relationships to further organization goals. She has championed numerous causes, including issues related to senior care, vocational and social rehabilitation, and Primary Stroke Center development. She provides leadership to the statewide Virginia Healthy Pathways Coalition, a coalition of community partners working to improve the cardiovascular health of Virginians through focus on communities and worksites, schools, faith-based and medical arenas. She serves as the key

liaison to organizations and partners invested in building Virginia's stroke systems of care through the Virginia Stroke Systems Initiative.

4) Stroke Systems Consulting

Timothy Sheppard, RN, PhD.

Dr. Sheppard has played a sentinel role in both national and statewide stroke care programs- the following represents a sample of his participation and contributions. He served on the Advisory Working Group for Stroke Center Certification. This is an expert panel to define and implement the processes for Primary Stroke Center certification on a national level. He was part of the AHA-ASA, Writing Group for the Stroke Systems White Paper. In 2004-2005 he participated in an expert panel to work in collaboration with Health Policy R & D, Washington, DC, to develop a state of the science paper about the design, development and support structures needed to implement stroke systems in the **U.S.**

He is currently the Chairman of the Virginia Stroke Ambassador AHA Advocacy Panel; has investigated and introduced legislation to support the Virginia State Stroke Systems of Care Plan Program. He is actively involved in the American Academy of Neurology SPIN (Stroke Practice Improvement Network) project is a national research project with quasi-experimental design to test efficacy of specialty organization to influence evidence based medicine, implementation of clinical practice guidelines, testing of stroke quality indicators and to improve clinical outcomes in a multi-center study.